Please	type	a plus	sign (+) inside	this box		
	·, _ ~	~ ~ ~ ~	a.a. (,			_

PTO/SB/122 (10-

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0/0

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMER

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	(10)
-00)	ATA
035	A <-
RCE	
ber.	7-11
	7-16-02

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

*Total of

Assistant Commissioner for Patents Washington, D.C. 20231

Application Number	09/802,744				
Filing Date	March 8, 2001				
First Named Inventor	Wee, et al.				
Group Art Unit	2181				
Examiner Name	unassigned				
Attorney Docket Number	1077-CS(P153US)				

<i>V</i>	\$ g. 2 .	3 2- , 35 1		·			
to: Customer Nu	espondence Address for the above-identified application mber Type Customer Number here JUL 0 5 2002			ED	Place Customer Number Bar Code Label here		
OR				-40" 0100 L			
Firm or Individual Name	Technology Center 2100 James J. Murphy/ Winstead Sechrest & Minick, P.C.						
Address	5400 Renaissance Tower						
Address	1201 Elm Street						
City	Dallas Sta		ate TX		ZIP 75270		
Country	U.S.A.	U.S.A.					
Telephone	214 745 5374		Fax	214 745 5390			
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. As shown on the filed Declaration and Power of actionney attached for your conveninece. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number							
Typed or Printed Name James J. Murphy, Esq. Reg. 34,503 Signature Signature							
Date 6-24-02							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

forms are submitted.